

# 1979 ANNUAL REPORT



NEWARK DEPARTMENT OF HEALTH AND WELFARE

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OF  
HEALTH AND WELFARE

1979  
ANNUAL REPORT



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CITY OF NEWARK

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NEWARK

DEPARTMENT OF HEALTH AND WELFARE

Douglas H. Morgan, M.P.A.  
Department of Health and Welfare

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DEPARTMENT OF HEALTH AND WELFARE  
1979 ANNUAL REPORT  
DIRECTOR'S STATEMENT

With the year 1979, the Department of Health and Welfare began to feel the impact of reduced resources in both manpower and appropriations. As a result, many direct citizen services were curtailed or severely cutback.

To a great extent the Department was forced to re-adjust its organizational structure to accommodate the decrease in resources. New methods and techniques were developed to provide services at lesser costs.

Personnel within the Department face greater work demands with positive attitudes and an overall willingness to adapt to change.

1979, however, was not all disappointments. Ground-breaking ceremonies were conducted in July, 1979 for the Department's new Public Health Service Building on William Street. This 4.0 million dollar structure will house a new Community Health Center as well

as Departmental administration. Additionally, a number of grant programs which are currently scattered throughout the City will be centrally located within this facility.

1979, saw the development and formation of progressive goals for the Department of Health and Welfare for the 1980's.

### MANDATED PUBLIC HEALTH ACTIVITIES

The New Jersey Administrative Code (Title 8 - Chapter 51) requires local public health agencies to establish and maintain a program of recognized public health activities and to meet minimum standards of performance for each activity.

The recognized activities are classified as "core" and "elective." Core activities are designated as mandatory for all public health agencies. Electives are all recognized public health activities other than those designated as core.

The mandated public health activities offered by the Newark Department of Health and Welfare are as follows:

1. Vital Statistics
2. Communicable Disease
3. Public Health Nursing
4. Infant and Pre-School Health
5. Venereal Disease Control
6. Tuberculosis
7. Health Education
8. Code Enforcement
9. Industrial Hygiene and Air Pollution Control
10. Plumbing
11. Food and Drug
12. Buildings
13. Rodent Control
14. Lead Poisoning
15. Public Health Laboratories

### SUMMARY OF SIGNIFICANT STATISTICS

Below is a statistical report of selected Health and Welfare "core" activities for FY 1979:

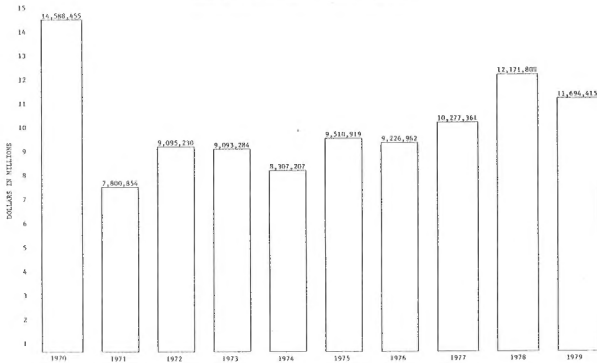
- The Bureau of Childhood Lead Poisoning Prevention and Control screened 4,200 children for lead poisoning.
- The Bureau of Public Health Nursing made 1,307 home visits to patients who were not able to come to a health center or hospital.

With assistance from Tuberculosis Control, Public Health Nursing administered 171 injections for Tuberculosis.

Physical examinations were given to 3,539 children at parochial schools.

- The Bureau of Communicable Disease collected 1,094 water samples (swimming pools, tap water) to be tested for contamination.
- Immunizations were given to 13,547 persons for Rubella, Measles, Polio, Mumps, Diphtheria and Tetanus-Diphtheria. Influenza Vaccine was administered to 1,450 persons.
- The Bureau of Code Enforcement inspected 11,116 dwellings; responded to 2,643 heating complaints and instituted 860 court cases for failure to abate violations.
- The Bureau of Buildings approved 1,983 Construction Permits; inspected 1,676 elevators and served 934 notices for violations found as a result of inspections being made.

DEPARTMENT OF HEALTH AND WELFARE BUDGET APPROPRIATIONS



DEPARTMENT OF HEALTH AND WELFARE

OPERATING BUDGET

DEPARTMENT SUMMARY

	<u>OFFICE OF THE DIRECTOR</u>				<u>DIVISION OF HEALTH</u>		
	<u>1977 COUNCIL ADOPTED</u>	<u>1978 COUNCIL ADOPTED</u>	<u>1979 COUNCIL ADOPTED</u>		<u>1977 COUNCIL ADOPTED</u>	<u>1978 COUNCIL ADOPTED</u>	<u>1979 COUNCIL ADOPTED</u>
PERSONNEL SERVICES	91,247.00	237,502.00	333,369.00		1,650,917.00	2,680,364.75	2,277,452.00
SALARIES & WAGES							
PERSONNEL SERVICES	-0-	-0-	-0-		10,000.00	10,000.00	2,500.00
OTHER PAY							
SERVICES BY CONTRACT	25,432.00	18,950.00	28,850.00		100,981.00	275,170.00	176,520.00
OR AGREEMENT							
MATERIALS AND	2,150.00	2,150.00	10,500.00		160,801.00	229,595.00	185,610.00
SUPPLIES							
EQUIPMENT	-0-	-0-	-0-		-0-	27,910.00	48,490.00
MISCELLANEOUS	35,000.00	-0-	-0-		21,100.00	23,100.00	-0-
EXPENSES							
TOTAL PERSONNEL	91,247.00	237,502.00	333,369.00		1,660,917.00	2,690,364.75	2,279,952.00
SERVICES							
TOTAL OTHER	62,582.00	21,100.00	39,350.00		284,882.00	546,775.00	410,620.00
EXPENSES							
TOTAL ALL COSTS	153,829.00	258,602.00	372,719.00		1,945,799.00	3,237,139.75	2,690,572.00
NUMBER OF EMPLOYEES	6	16	22		186	271	194

DEPARTMENT OF HEALTH AND WELFARE

OPERATING BUDGET  
1979

	<u>OFFICE OF THE DIRECTOR</u>	<u>DIVISION OF HEALTH</u>	<u>DIVISION OF WELFARE</u>	<u>DIVISION OF INSPECTIONS</u>
	<u>1979</u> <u>COUNCIL ADOPTED</u>	<u>1979</u> <u>COUNCIL ADOPTED</u>	<u>1979</u> <u>COUNCIL ADOPTED</u>	<u>1979</u> <u>COUNCIL ADOPTED</u>
PERSONNEL SERVICES	333,369.00	2,277,452.00	944,163.25	1,010,202.00
SALARIES & WAGES				
PERSONNEL SERVICES	-0-	2,500.00	-0-	1,466.00
OTHER PAY				
SERVICES BY CONTRACT	28,850.00	176,520.00	56,500.00	61,035.00
OR AGREEMENT				
MATERIALS AND	10,500.00	185,610.00	27,300.00	23,900.00
SUPPLIES				
EQUIPMENT	-0-	48,490.00	1,300.00	-0-
MISCELLANEOUS	-0-	-0-	6,900,000.00	-0-
EXPENSES				
TOTAL PERSONNEL	333,369.00	2,279,952.00	944,163.25	1,011,668.00
SERVICES				
TOTAL OTHER	39,350.00	410,620.00	6,585,100.00	64,935.00
EXPENSES				
TOTAL ALL COSTS	372,719.00	2,690,572.00	7,529,263.25	1,096,603.00
NUMBER OF EMPLOYEES	22	194	92	85

DEPARTMENT OF HEALTH AND WELFARE

OPERATING BUDGET

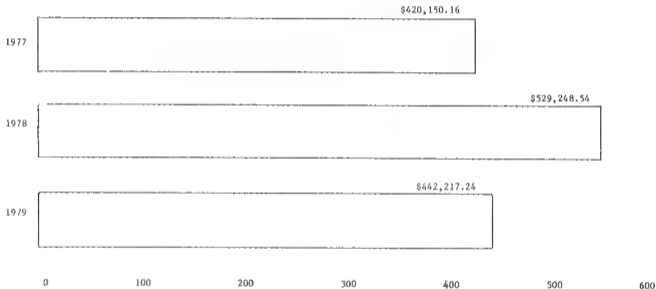
DEPARTMENT SUMMARY

	<u>DIVISION OF WELFARE</u>			<u>DIVISION OF INSPECTIONS</u>		
	<u>1977</u> <u>COUNCIL ADOPTED</u>	<u>1978</u> <u>COUNCIL ADOPTED</u>	<u>1979</u> <u>COUNCIL ADOPTED</u>	<u>1977</u> <u>COUNCIL ADOPTED</u>	<u>1978</u> <u>COUNCIL ADOPTED</u>	<u>1979</u> <u>COUNCIL ADOPTED</u>
PERSONNEL SERVICES	862,365.00	1,006,598.00	944,163.25	1,306,300.00	1,465,945.75	1,010,202.00
SALARIES & WAGES						
PERSONNEL SERVICES	-0-	-0-	-0-	1,466.00	1,466.00	1,466.00
OTHER PAY						
SERVICES BY CONTRACT	133,780.00	65,200.00	56,500.00	92,415.00	77,590.00	61,035.00
OR AGREEMENT						
MATERIAL AND	22,300.00	26,870.00	27,300.00	23,091.00	22,250.00	23,900.00
SUPPLIES						
EQUIPMENT	-0-	-0-	1,300.00	4,550.00	9,500.00	-0-
MISCELLANEOUS	5,300,000.00	6,000,000.00	6,500,000.00	-0-	-0-	-0-
EXPENSES						
TOTAL PERSONNEL	862,355.00	1,006,598.00	944,163.25	1,307,766.00	1,467,411.75	1,011,668.00
SERVICES						
TOTAL OTHER	5,456,080.00	6,092,070.00	6,585,100.00	120,056.00	109,340.00	84,935.00
EXPENSES						
TOTAL ALL COSTS	6,318,435.00	7,098,668.00	7,529,263.25	1,427,822.00	1,576,751.75	1,096,603.00
NUMBER OF EMPLOYEES	96	101	92	124	123	85

CAPITAL BUDGET APPROPRIATIONS SUMMARY

<u>YEAR</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>	<u>EXPENDED TO DATE</u>	<u>BALANCE</u>
1977	There were no health and Welfare projects selected for inclusion in the capital budget	- 0 -	- 0 -	- 0 -
1978	There were no capital budget appropriations for 1978	- 0 -	- 0 -	- 0 -
1979	1. Site acquisition and construction of centralized health care facility	\$ 490,000	- 0 -	- 0 -
	2. Renovation of the Sexually Transmitted Disease Center 77 Arlington Street Newark, New Jersey	\$ 178,000	- 0 -	\$ 178,000
	TOTAL	\$ 668,000	- 0 -	\$ 668,000

TOTAL DEPARTMENT REVENUE  
COMMUNITY HEALTH SERVICES, INSPECTIONS AND HEALTH DIVISION



(DOLLARS IN THOUSANDS)

## DIVISION OF HEALTH

### HEALTH OFFICER'S STATEMENT

The Division of Health is the major provider of public health services for Newark residents and has evolved into the Division of Public and Community Health Services.

The Division provides a variety of public and community health services which include medical health services, communicable diseases, child hygiene, dental health, public health nursing, chest diseases, laboratory services, health education, venereal diseases and vital statistics. The Division is also responsible for the overall administration and coordination of certain federally and/or state funded health programs.

Among the major achievements included a further decrease in infant mortality due to health education stressing the importance of early and continuous pre-natal care, especially in young teenagers and the establishment of pre-natal clinics in the various neighborhood community health centers. Another achievement is the increase in the number of patients availing themselves of the prevention and detection services of the City Dispensary, in conformance with today's emphasis on preventive medicine.

It is our hope that the positive trends realized during recent years can be continued and expanded in the future.

## BUREAU OF MEDICAL HEALTH SERVICES

The Bureau of Medical Health Services provides a wide range of preventive, diagnostic and therapeutic services to the medically indigent and general assistance clients. Services which support the clinic's operations and are also part of the Bureau's services are the City Dispensary, Pharmacy and X-Ray Department.

The clinics and services which operate under the auspices of the Bureau are: Medical Clinic; Medical Evaluation Clinic; Diabetic Clinic, Eye Clinic, Allergy Clinic; Skin Clinic; Pap Smear Clinic; Podiatry Clinic; Domestic License Clinic; and Immunization Clinic.

In 1979 there were 14,067 patient-visits to the Therapeutic Clinics; 3,853 X-rays were taken; 37,312 prescriptions dispensed and a total of 8,192 immunizations administered.

A major change in the pharmacy included increasing the staff of the pharmacy and continuing a system of pre-packaging of drugs and supplies, thus decreasing the waiting time for obtaining prescription services.

All part-time physicians and dentists working in the City Dispensary were discontinued in March, 1979 and were replaced by two full-time (30 hrs. per week) physicians and two full-time dentists (30 hrs. per week). This change resulted in more clinic sessions and more available appointments for patients. This new change received good patient acceptance because of the greater and increased services now available with the full-time physicians and dentists.

## MEDICAL EVALUATION

This unit, a joint venture of the Division of Health and the Division of Welfare, is located within the City Dispensary at 94 William Street. It is responsible for making medical evaluations on active welfare clients and city employees that are going or returning from retirement.

On the basis of the medical evaluation, together with the results of laboratory work-ups, a decision is made by the supervising physician as to the eligibility status of welfare clients or applicants. The length of time a General Assistance recipient remains on City Welfare may vary from a period of less than two months to a period of over six months.

## BUREAU OF CHILD HYGIENE AND PAROCHIAL SCHOOL HEALTH

The Bureau provides services to (25) twenty-five parochial schools in the City of Newark and (7) seven child health conferences. Children in the conferences are provided with examinations and immunizations. Screening assessments for tuberculosis, visual problems, hearing difficulties, scoliosis, anemia, lead poisoning, and developmental delays are made.

In addition, families are taught about the stages of child development and about common problems that may appear in each age group.

In the schools, an examination program with screening for hypertension, tuberculosis, scoliosis and hearing or visual problems is maintained. Immunizations for ten year boosters of polio and diphtheria/tetanus are given.

In 1979, the major goal was to provide quality health care to all our clients. A major hindrance to this objective was staff shortages and budgetary limitations. Despite this, the department instituted a program designed to upgrade the quality of all services performed, which has already seen excellent results with addition of scoliosis screening in schools, developmental testing in child health conferences, improved recording techniques, and ongoing inservices education.

## HEALTH EDUCATION BUREAU

The Health Education Bureau is committed to the dual challenge of promoting prevention as a household word in the City of Newark and demonstrating to providers that preventive medicine is profitable.

The Bureau attempts to meet this challenge of the framework: program planning, development, implementation and evaluation of health educational, informational and screening programs, community organization, communication and media utilization; inservice education and training, consultation and technical assistance on health programs, public relations, evaluation and educational research.

In 1979, the goal of the Bureau was: to provide a comprehensive program of health education in order to affect a positive change in the health status of the Newark community.

One of the major objectives of the Bureau was: to implement a Hypertension Screening Program in the Newark Housing Authority Projects screening 5,000 - 6,000 people by December 30, 1979.

The unfortunate discontinuation of four (4) Senior Health Team Assistants and the resignation of the Bureau Chief severely paralyzed the Bureau. However, two (2) of the major accomplishments were a successful anti-smoking campaign and procurement of a Hypertension screening and follow-up grant.

In one quarter (1/4) of the remaining year Aug.- Dec. 1979) a new Bureau Chief was hired and amazingly one third (1/3) of the hypertension grant was accomplished.

#### DENTAL HEALTH SERVICES

The year 1979 saw the entire restructuring of the dental department. A large program of many part time dentists, several dental assistants and other auxiliary personnel and an administrator, was changed to include only two general dentists, one orthodontist and one dental assistant. Needless to say the quantity of services delivered to those Newark citizens eligible for our services has been markedly reduced. The demand for dental services is greater than the present staff could ever supply. We can only hope that the fiscal problems will be solved, and more dental staff hired so that a greater portion of the dental problems of Newark citizens can be eliminated. Until that happens the primary emphasis will be treatment of emergency problems for patients attending our clinic.

The 1979 goals of increasing the number of dental treatments delivered, increasing the staff, re-opening closed satellite clinics, and receiving reports monthly from other Newark Health Department dental facilities, were not all met. It is hoped that with the increase in the number of employees, will come an increase in the number of different services available in our clinic and the attaining of the 1979 goals.

The issue of preventive dental care is high on the priority list of most State health plans within our nation. Dental disease can be a chronic condition requiring treatment from competent dental health professionals. Combating this problem requires proficient dentists and staff members willing to practice in areas where the prevalence of dental disease is high.

#### BUREAU OF CHEST DISEASE

The Bureau of Chest Disease has the responsibility of coordinating tuberculosis services for the City of Newark. A major emphasis of our program over the last few years has been to put tuberculosis services back into the mainstream of medicine. This has been accomplished by maintaining a network of care, both on an inpatient and outpatient basis utilizing the hospitals, private physicians, and ambulatory care facilities within the City. This endeavor has made available a much wider choice of care for the patient. The impact of these accomplishments will hopefully be realized in the coming year when a decline in tuberculosis morbidity and mortality should be evident.

### PUBLIC HEALTH NURSING.

The Bureau of Public Health Nursing provides nursing services to the Division of Health Services and the Community Health Centers. It also collaborates with the Bureau of Health Education in screening programs conducted in the field. In addition services are rendered at the following places:

1. Child Health Conferences
2. Parochial Schools
3. Community Agencies
4. Home Visits
5. City Dispensary

Services were provided up to standard needs in most areas, there was some slack due to lack of personnel both professional and ancillary.

Home visits were cut to a bare minimum and limited to T.B. Control and referrals from our own bureaus in Child Health and occasionally a home visit for evaluation of an elderly patient by request of the Health Officer.

Plans are in progress for moving the Central Newark Child Health Conference which holds five sessions a week to a more suitable location in the Health Division building and a pediatric clinic to be eventually incorporated as an ongoing service at the same time. This should improve services to the attendees and with the additional service to sick children the attendance is expected to increase

One factor affecting our goal accomplishment for 1979 was the lack of qualified nursing service personnel;

unless more nurses are hired some service will of necessity be curtailed.

#### BUREAU OF VITAL STATISTICS

The Bureau of Vital Statistics performs mandated functions of recording data, issuing official records and collecting fees related to births, deaths and marriages. These records are often necessary to prove citizenship, prove right to inheritance and social security; secure passport, collect life insurance, and many other legal requirements. In addition the Bureau's recordkeeping activities provide the raw data for generating appropriate statistical correlations and analyses for the Department's health information system.

#### PUBLIC HEALTH LABORATORY

The Bureau of Public Health Laboratory performs public health laboratory work for the various health programs under the auspices of Health and Welfare.

These services include food and meat analyses for the Bureau of Food and Drugs; water analyses of swimming pools; lead poisoning analyses and various drug abuse analyses when needed. In addition the Bureau completes limited diagnostic laboratory work-ups for the City's health centers.

#### SEXUALLY TRANSMITTED DISEASE PROGRAM

The year, 1979 was one of skepticism and optimism in the Newark Sexually Transmitted Disease Program. In addition to increases in early syphilis morbidity, there has been several changes involving personnel; and perhaps most significantly, efforts are underway to upgrade overall clinical care with the possibility of Newark being designated as a regional Sexually Transmitted Disease Training Center.

During the year 1979, Newark experienced a 59% increase in early syphilis morbidity over the same period of 1978. Primary and secondary cases increased by 100%, early latent by 25%. One of our major objectives, relative to early syphilis for 1979, was to reduce that rate by 10%. Our statistics show however, a 59% increase in this category. Although it is not easy to determine the factors that contributed to such a drastic increase, it is interesting to note that approximately one-third of these cases were identified through the "epi" process. Further, 82% of primary and secondary contacts named were examined. I feel this is significant in that this was accomplished by a staff in which two-thirds of the personnel has less than one year of epi experience. Gonorrhea however, decreased by 7% (provisional data), therefore falling short of the projected figure of 6,800 cases.

In regards to other objectives that were set for 1979, I am pleased in that they were collectively achieved at a rate of approximately 90%

A major part of program emphasis has been on gonorrhea, particularly gonococcal PID. Of the five targeted hospitals in our program area, the majority of PID

reporting comes from three: College, United, and Beth Israel. Based on this experience, we will concentrate our efforts on these hospitals during 1980.

#### BUREAU OF COMMUNICABLE DISEASE CONTROL

The Bureau of Communicable Disease Control addresses itself to the many problems that infectious and other diseases cause, thereby affecting the well-being of the population of the City of Newark and its surrounding areas. The major thrust of the Bureau is to prevent communicable diseases from occurring and controlling them when they do occur. The functional areas of service are: Epidemiologic Services, Laboratory Analysis Collection Services, Swimming Pool Inspection and Pool Water Sample Collection Services, Rabies Control, Central Communicable Disease Registry Maintenance, Immunization, Central Immunization Registry and other General Services.

The Bureau objectives for 1979 were: 1 - To perform a minimum of 1,700 investigations, inspections and reinspections by licensed Sanitary Inspections. 2 - To collect a minimum of 8,000 specimens for laboratory analysis. 3 - To collect a minimum of 1,200 pool water samples for Chemical and Bacterial analysis.

Factors attributing to the less than 100% achievement of Bureau objectives were: 1 - The increase mobility of a large segment of the Newark population making it increasingly difficult to contact, make and complete investigations. 2 - The recall of the Bureau vehicles used to make daily collections of specimens decreased our efficiency in this area. 3 - The decision (by the Administration) to discontinue swimming pool inspections and the taking of pool water samples as of September 20, 1979 reduced our ability to achieve the Bureau objective.

#### SOCIAL SERVICE BUREAU

The Bureau of Social Service addresses the problems of arranging for adequate social services for Newark's indigent who seek or are referred to services available under the auspices of the Division of Public and Community Health Services. The services include: eligibility determination for divisional health services, prescription approvals for eligible patients who have received medical services by local health care providers, social service case management and appropriate agency referrals.

In order to be able to improve the quality and quantity of services provided by the Bureau to our clients, specific areas of services were assigned to each one of our workers. A worker was assigned to the City Dispensary, another to field work and the Supervisor shared the work with both, besides doing his regular supervisory duties.

#### NEWARK OFFICE OF ELDERLY AFFAIRS

1979 proved to be a most auspicious year for the Newark Office of Elderly Affairs. By year's end, the Newark Office of Elderly Affairs provided more service delivery units free of charge to Newark senior citizens-age 55 years and older-than in all previous years since the agency's establishment in 1974.

Equally important, during 1979 the Newark Office of Elderly Affairs was able to more formally establish itself as the recognized municipal agency for the planning, development, and implementation of senior citizen services within the City of Newark. Vital linkages with local, County, State, and Federal programs serving the elderly were either newly established or strengthened.

In 1979 the Newark Office of Elderly Affairs became more involved as an advocacy agency on behalf of senior citizens residing in both licensed and unlicensed boarding and rooming homes. With the assistance of the local Divisions of Health and Inspections and the New Jersey State Ombudsman for the Institutionalized Elderly, the Newark Office of Elderly Affairs played an important role in the investigations of abuses perpetrated against the elderly residents and in securing adequate medical and housing assistance for their well-being. Such increased attention to the problems confronting senior citizens residing in these dwellings has put a severe strain on the Newark Office of Elderly Affairs Social Service Unit, which consists of one (1) senior community relations specialist and four (4) field representatives. The agency expects that service requests in this area will continue to increase and, therefore, should be provided with the additional staff capability to ensure the complete investigation and resolution of this major area of concern.

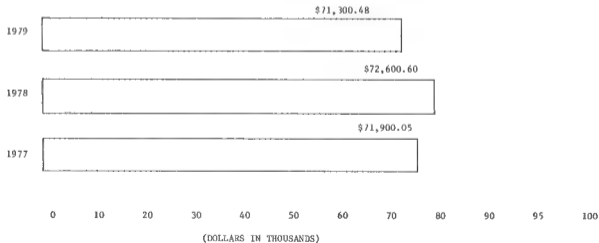
Throughout 1979 the Newark Office of Elderly Affairs moved steadily towards the implementation of the Revised Senior Citizens Commission Ordinance, which was adopted by the Municipal Council and approved by the Mayor on November 20, 1978. The Commission serves to advise and assist the Newark Office of Elderly Affairs in the planning and development of senior citizens programs in the City of Newark.

Finally, during 1979 the Newark Office of Elderly Affairs laid the groundwork for the possible designation of the City of Newark as an Area Agency on Aging (AAA). Such designation can only be granted by the New Jersey State Division on Aging. As an AAA, the City of Newark, through the Newark Office of Elderly Affairs, would be in direct receipt of Federal funds under the Older Americans Act for the provision of senior citizen services, through the awarding of grants to various local community-based service providers.

# HEALTH DIVISION INCOME

1979	Vital Statistics (Births, Deaths, Marriage, Burial for Permits, Transit Permits)	71,300.48
1978	Vital Statistics (Births, Deaths, Marriage, Burial Permits, Transit Permits)	72,600.60
1977	Vital Statistics (Births, Deaths, Marriage, Legal Change of Name, Burial Permits, Transit Permits)	71,900.05

## HEALTH DIVISION



## COMMUNITY HEALTH SERVICES

### DIRECTOR'S STATEMENT-

Conceptually, the Community Health Services Network exists to provide an administrative framework through which the Federal and/or State funded projects such as WIC, National Health Services Corp, Emergency Medical Services and others receive management support and policy direction in accordance with Departmental/Municipal procedures. Similarly, by serving as a coordination mechanism, the Community Health Services Network (CHSN) has been able to provide a link to the more traditional public health services provided through the Bureaus such as Public Health Nursing, Child Hygiene, Communicable Disease Control and others of the Health Division.

The ability of CHSN to establish and maintain linkages between the community health services projects and the public health bureaus has proven beneficial in at least two ways. Firstly, management is able to forge a broader view of the total resources available to accomplish a given task, that is, specifically to meet the general or specialized health needs of a wide or limited segment of the Newark population. Secondly, there is greater inherent efficiency in utilization of resources in a joint or shared arrangement. To generate these derived benefits, The CHSN staff serves as a liaison to the projects and bureaus so that the production of direct health care services to Newark citizens is enhanced by the wise and appropriate use of available personnel, facilities and materials.

In reality, though, Community Health Services Network is only a concept which has existed solely by administrative decree of the Departmental Director. Operating under such a decree, CHSN has been a successful

conduit for the resolution of a number of system management problems as well as the means by which a number of improved relationships have been established/re-established at the federal and State funding level. Of equal significance to note has been the satisfaction expressed by the majority of project directors for CHSN's timely response and follow-up on areas of concern affecting the operations of individual projects. Thus, there seems to be indication of a need for the continued existence of the management support system which CHSN is.

In order to continue its management support capabilities, it will be necessary for Community Health Services Network to be given an official designation within the Department of Health and Welfare. Presently, it appears that the most appropriate official status would be that as a divisional or agency title.

The Newark Sub-B Health Planning Agency represents a precedence for the latter designation. A written justification for creation of a new division would support the former in a move similar to the creation of the Health Care Financing Administration at the federal level.

Thus, a singular goal for 1980 has been declared: obtain official Municipal designation as an authorized unit of operation within the Department of Health and Welfare.

While this goal necessarily has overall organizational implications for the entire Department, such a reorganizational change should be considered and pursued vigorously if such a move is perceived as practical, productive and promising not only to this particular Department, but to the City Administration's goals as well.

DAYTON COMMUNITY HEALTH CENTER

The Dayton Community Health Center offers full services in the following areas:

Adult Medical	Podiatry
Pediatric Care	OB/GYN
Dental	Outreach (Limited Basis)

Our number one goal and objective for 1979 was to increase our out patient. The projections, as proposed, were basically met. However, we strongly feel that these projections could have been exceeded tremendously had we not had the following factors affecting the program:

- a. Turnover in staff
- |             |                       |
|-------------|-----------------------|
| Dentist     | Dental Hygienist      |
| Nurses      | Health Center Manager |
| Accountants |                       |

(It should be noted that most of these positions were not yet filled at the close of the calendar year).

- b. Dental Department reduced appointments by approximately 75% due to the absence of lab services for an accumulative time of approximately  $3\frac{1}{2}$  months
- c. Outreach nurse was never replaced to supervise outreach program
- d. Sliding Fee Schedule Revision never approved by CMU
- e. Lack of funds to contract an Opthamologist
- f. Accounts receivables were increased through third party reimbursements, however; the actual processing of claims were not done on time due to the absence of a Claim Processor

- g. The impending lay-off during the latter part of 1979 certainly had an affect on the productivity of staff members.

As a result of a modest campaign during the latter part of 1979, we confirmed the willingness of so many of the area's residents to participate actively in the services of DCHC. It is our contention that 1980 will begin to indicate this, if the aforementioned negative factors are eliminated.

DAYTON COMMUNITY HEALTH CENTER

COMMUNITY HEALTH SERVICES REVENUE

COMMUNITY HEALTH SERVICES

1977 Claims Filed to Third Party Payors \$65,185.30  
Reimbursement from Third Party  
Payors 43,350.04  
Accounts Receivable Third Party  
Payors 21,835.26  
Cash Received From Self-Paying  
Patients 10,018.61  
Actual Cash Received \$53,368.65

1977



1978 Claims Filed to Third Party Payors \$53,955.00  
Reimbursement from Third Party  
Payors 45,171.44  
Accounts Receivable Third Party  
Payors 8,783.56  
Cash Received from Patients 7,648.29  
Actual Cash Received \$52,819.73

1978



1979 Claims Filed to Third Party Payors \$33,473.20  
Reimbursements from Third Party  
Payors 20,826.23  
Accounts Receivable Third Party  
Cash Received from Self-Paying  
Patients 12,646.79  
7,089.51  
Actual Cash Received \$27,915.74

1979



0 10 20 40 60 80 100 120

(DOLLARS IN THOUSANDS)

DAYTON COMMUNITY HEALTH CENTER  
REIMBURSEMENTS FROM THIRD PARTY PAYORS

	1977	1978	1979
MEDICAID	35,581.45	31,167.00	16,513.25
MEDICARE	4,819.59	3,481.98	3,236.48
DEPARTMENT OF WELFARE (NEWARK)	-0-	9,508.00	690.50
TRI-CITY (NEWARK)	2,623.50	-0-	-0-
METROPOLITAN LIFE	181.00	-0-	40.20
AETNA LIFE	94.50	145.01	-0-
FIDUCIARY	-0-	319.00	-0-
BLUE CROSS-BLUE SHIELD	50.00	442.40	-0-
CHAMPUS	-0-	34.05	-0-
DEPARTMENT OF WELFARE (PATERSON)	-0-	-0-	33.00
GROUP HEALTH INSURERS	-0-	-0-	-0-
CONNECTICUT GENERAL LIFE	-0-	-0-	72.80
C.N.A. INSURANCE COMPANY	-0-	-0-	-0-
BOJITABLE LIFE	-0-	-0-	71.00
AMERICAN POSTAL WORKERS UNION	-0-	40.00	-0-
LIBERTY MUTUAL	-0-	34.00	-0-
DEPARTMENT OF WELFARE (ASBURY PARK)	-0-	-0-	91.00
DEPARTMENT OF WELFARE (PASSAIC)	-0-	-0-	78.00
 TOTAL	 43,350.04	 45,171.44	 20,826.23

DAYTON COMMUNITY HEALTH CENTER  
CASH RECEIVED FROM SELF-PAYING PATIENTS

MONTH	1977	1978	1979
JANUARY	225.80	768.00	610.75
FEBRUARY	458.30	471.50	942.00
MARCH	839.80	710.00	1,001.00
APRIL	963.50	1,023.52	841.50
MAY	2,256.90	418.51	796.01
JUNE	909.75	1,123.26	607.50
JULY	1,119.25	513.00	360.00
AUGUST	612.00	582.50	319.50
SEPTEMBER	671.78	316.00	523.00
OCTOBER	570.32	695.00	280.00
NOVEMBER	870.21	414.00	295.75
DECEMBER	521.00	613.00	512.50
TOTALS	10,018.61	7,648.29	7,089.51

## DAYTON COMMUNITY HEALTH CENTER

CLAIMS FILED TO THIRD PARTIES

	1977	1978	1979
MEDICAID	39,540.85	43,059.10	23,762.20
MEDICARE	9,532.30	8,887.60	8,984.80
DEPARTMENT OF WELFARE (NEWARK) (DENTAL)	11,885.00	960.00	287.50
TRI-CITY (NEWARK)	3,529.50	-0-	-0-
METROPOLITAN LIFE	209.50	-0-	47.00
AETNA LIFE	105.50	174.00	-0-
PRUDENTIAL	-0-	333.00	0
BLUE CROSS-BLUE SHIELD	82.50	-0-	-0-
CHAMPUS	95.90	45.20	-0-
DEPARTMENT OF WELFARE (PATERSON)	-0-	-0-	148.00
GROUP HEALTH INSURERS	14.00	227.10	147.70
CONNECTICUT GENERAL LIFE	43.75	75.50	-0-
C.N.A. INSURANCE COMPANY	45.00	-0-	-0-
EQUITABLE LIFE	-0-	28.00	96.00
AMERICAN POSTAL WORKERS UNION	-0-	40.00	-0-
LIBERTY MUTUAL	-0-	42.50	-0-
DEPARTMENT OF WELFARE (ASBURY PARK)	101.50	-0-	-0-
DEPARTMENT OF WELFARE (PASSAIC)	-0-	83.00	-0-
TOTAL	65,185.30	53,955.00	33,473.20

DAYTON COMMUNITY HEALTH CENTER MEDICAID/MEDIGAP CLAIMS FILED

	<u>1977</u>			<u>1978</u>			<u>1979</u>		
	<u># of Claims</u>	<u># of Patients</u>	<u>Amount</u>	<u># of Claims</u>	<u># of Patients</u>	<u>Amount</u>	<u># of Claims</u>	<u># of Patients</u>	<u>Amount</u>
MEDICAID (Includes Medicare, Podiatry & Dental Services)	1,588	711	\$21,762.20	2,021	1,942	\$43,059.10	1,965	1,674	\$39,540.85
<u>MEDIGAP</u>	751	718	\$8,984.80	794	776	\$8,887.60	663	438	\$9,532.30
<u>TOTAL</u>	2,339	2,429	\$32,747.00	2,815	2,718	\$51,946.70	2,628	2,112	\$49,073.15

# NORTH NEWARK COMMUNITY HEALTH CENTER

The North Newark Community Health Center offers comprehensive health care to the North Newark Community. It offers primary care on the premises with referrals to other health care providers for specialty care as necessary. The Center provides high quality health care in a dignified manner in a setting that is attractive and readily accessible. Every patient is expected to pay for his care according to his ability to pay. There are no eligibility requirements. Anyone who presents himself for care, receives care.

The physicians, dentists and other health care professionals are employed full time at the Health Center. The physicians and other health care providers work together as a health care team. For example, the physician may refer the patient to the Nutritionist or to the Health Educator as he deems necessary for the patient's welfare.

In 1979 the primary goals of the Center were:

1. to get the Center into operation; hire staff, purchase supplies and equipment
2. to obtain a New Jersey State license

Both goals have been accomplished. We are still working on getting our Medicare and Medicaid provider numbers.

Since the Center is staffed by National Health Service Corp physicians, we must fill out what is called a Bureau of Community Health Services Reporting Requirement (B.C.R.R.) report and we have had to adapt our accounting and statistical reporting systems to capture the necessary data.

Of significance in the progress of the Health Center has been our inability to hire and/or replace personnel. A case in point is our dental situation. We have had a vacancy for several months and have not been able to get another dentist. Several other key positions remain vacant, limiting our scope of services.

Our patient population has grown month by month. We have established a good reputation in the community. Various staff members have been to meetings with Golden Age Clubs, P.T.A., etc. to make presentations about the Center and its services to the community.

## DIVISION OF INSPECTIONS OVERVIEW

The task of the Director's Office in the Division of Inspections is to administrate the Division, by maintaining daily records on attendance, payrolls, accounts, budgets, and supplies. While the Division is physically separated into two sections, all administration is the Director's responsibility.

First of all, all Bureaus suffer the lack of trained personnel; therefore, much of the established goals were not reached. Along with the lack of inspectors, other problems also exist; such as, "moral" (caused by threaten lay-off's, demotions, etc.) "sickness" and the daily demands placed on inspectors, for many of our inspectors enter premises alone where an armed police officer goes in pairs.

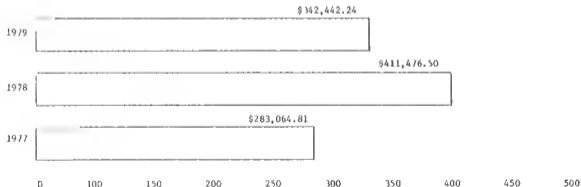
At present, very little is done on a prevention basis. Many of the vacant structures would not be vacant today, if an inspection could have been made while the property was habitable.

The split in the Division (removal of Plumbing Bureau, Bureau of Buildings and the Electrical Bureau) has affected the Division in many ways, and the reorganization has in many ways, affected the operation. The Housing Inspector will no longer be able to avail himself of the expertise of the Technical Inspector.

I am sure that I could cite many statistics but, in this case, they are meaningless when it is quite obvious in the City that inspections are not being done in sufficient numbers, demolition is at a stand-still, and new construction is not existent.

DEPARTMENTAL REVENUE  
DIVISION OF INSPECTIONS

	<u>1979</u>	<u>1978</u>	<u>1977</u>
Inspections (Electrical, Plumbing, Building, Industrial Hygiene and Air Pollution, Dry Cleaners, Laundry Mats)	\$251,173.24	\$321,250.50	\$192,545.81
Dog Control (Licenses)	28,300.00	29,148.00	29,826.00
Code Enforcement (Fines)	52,585.00	53,390.00	45,900.00
Weights and Measures (Permits)	1,355.00	495.00	4,155.00
Food and Drugs (Licenses and Fines)	9,029.00	7,193.00	10,638.00



## FOOD & DRUG/MEAT INSPECTION BUREAU

The fundamental function of the Food & Drug/Meat Inspection Bureau (FD/MI) in 1979, as in preceding years, was the inspection of all food establishments located in the City. A wide range of establishments falls under our jurisdiction, including: restaurants, institutional kitchens, day care centers, caterers, taverns, butchers, meat jobbers and plants, pharmacies, supermarkets, ice cream manufacturers, vending machines, itinerant vendors, et als.

Our primary goal was to inspect all of these to endure compliance with applicable regulations in order to afford the consumer a safe food supply. Because the threat of foodborne illness is ever-present, the food protection program is one of the essential services delivered by the Health Department; and there is no room for a caveat emptor attitude.

Extended absences, a resignation, and the many varied service demands placed on the undermanned Bureau, caused us to fall somewhat short of our goal. Significantly, too, laboratory analyses had to be limited to only those samples precipitated by complaints. Potentially-hazardous food sampling, the sampling of various products for standards are utensil swabbing were, of necessity, dormant again this year.

In 1979, FD/MI, with assistance from Urban Rodent & Insect Control and the Department of Public Works, conducted an ambitious rodent survey in the Downtown area. We also conducted an intensive inspection program of licensed beverage establishments at the request of the City Council. Large quantities of unfit food were condemned and destroyed by our representatives.

FD/MI is unique among its inspectional counterparts in that its total impetus does not focus solely upon enforcement techniques. Rather, regulatory measures are rightfully coupled with health education. In this respect, the Foodhandlers' Course has been updated and revitalized.

Another decade having concluded, we must recognize that changes will have to be made in the sphere of food protection because of social, economic and political influences continuing to evolve in our society. Hopefully, FD/MI will receive the support and resources required in the future to permit the orchestration of a progressive food protection program. A very real need exists for the implementation of a program similar to the Hazard-Analysis-Critical Control Point<sup>1</sup> approach. We must identify specific items, functions and activities within the food industry in Newark and monitor them in order to control point approach coupled with appropriate education of producers, handlers, processors and consumers will permit them to monitor and serve as protectors of the food system while minimizing regulatory costs and placing the responsibility at the location where action can be taken and where discrepancies can be corrected."<sup>2</sup>

<sup>1</sup>H. E. Bauman, (1974) "The HACCP Concept and Microbiological Hazard Categories." Food Technol. Sept.:31-33.

<sup>2</sup>F. F. Busta. (1979) "Food Protection for the 80's." J. Food Prot. 42:7: 596-598.

## CHILDHOOD LEAD POISONING PREVENTION & CONTROL

The Lead Poisoning Prevention and Control Program screens children aged 1-6 years for lead poisoning by blood analysis for lead and Erythrocyte Protoporphyrin (E.P.). Children with confirmed elevated blood lead levels are referred for medical evaluation to a physician of choice or to one of the several hospital lead clinics in Newark. The Program is coordinated with the College of Medicine and Dentistry of New Jersey through its' College Hospital, United Hospitals and Beth Israel Medical Center. These hospitals provide treatment and follow-up care through their lead clinics and in-patient facilities. Analysis of blood samples for lead content is conducted by the Kaulson Laboratories and Municipal Laboratory.

A major program responsibility is the identification of environmental sources of lead which may be contributing to the child's illness, and the elimination of each source from his environment. An epidemiological investigation is conducted of each high-risk child which includes a thorough environmental investigation. Lead hazard reduction is accomplished via code enforcement and by emergency hazard reduction.

Objective I - To screen 5,000 children during FY 1979 for lead poisoning.

During 1979, 4,200 children were screened, 800 less than the established goal. It is conceivable that 5,000 were screened in the City of Newark during 1979, but the Program did not consistently receive positive and negative reports from Beth Israel and United Hospitals. In addition, the Newark Pre-School Council,

which serves approximately 2,000 children did not send reports to the Program, therefore, the Program has no way of determining if all the children, or what percentage of the pre-school children are being screened. The Program also has difficulty obtaining information on children screened by private practitioners.

Objective II - To use the Municipal Laboratory during FY 1979 for E.P. analysis of all screening samples collected by the Lead Control Program.

The Newark Lead Poisoning Prevention and Control Program started using the Municipal Laboratory for E.P. analysis, with Kaulson and the New Jersey State Laboratory as back-up laboratories.

Delays in the awarding of the contract resulted from Federal funding reaching the Program after the start of 1979, then having the Federal monies computerized and finally the bidding process.

Objective III - To provide lead free environments for all urgent and high-risk children by eliminating all lead-based paint hazards in primary and other dwellings frequently occupied by children, on a priority basis.

Many problems exist in attempting to meet this objective due to the City's shortage in housing units; it is difficult to find dwellings which are lead-free. Also, families are concerned about the safety to their property if they are temporarily relocated, there is no protection for the belongings left in the home.

## BUREAU OF CODE ENFORCEMENT

The Bureau of Code Enforcement is responsible for responding to citizen's complaints regarding health and sanitation, and the enforcement of municipal ordinances promulgated to protect the health of the public through environmental control. In addition, the inspection of multiple dwellings is a routine and on going activity of this Bureau and is conducted in concert with the New Jersey State Department of Community Affairs by contract. These activities, during F.Y. 1979, were conducted with a staff of approximately twenty (20) Field Inspectors and coordinated by a Chief and Assistant Chief Sanitary Inspector.

Bureau objectives for F.Y. 1978 were as follows:

- (a) To inspect 37,500 dwellings. This objective was not met. Only 11,116 dwellings were inspected during F.Y. 1979 due to a loss of fifty (50) Field Inspectors early in January.
- (b) To respond to 2,643 heating complaints. In F.Y. 1979 the Bureau received a total of 2,599 heating complaints. Because of the nature of these complaints, they were given the highest priority.
- (c) To make 735 site inspections. This objective was not achieved due to the dissolution of the Air Pollution Bureau. This activity is now conducted primarily by the State Health Department.
- (d) To inspect 12,000 factories and industrial establishments. This objective was also not met primarily due to the dissolution of the Bureau of Industrial Hygiene in the latter part of F.Y. 1978.

Prior to termination of the Bureau of Air Pollution Control and Industrial Hygiene, those public health activities were conducted routinely. They have since been incorporated into the over-all activities of the Bureau, and in most instances are accorded a lower priority for inspection, especially since the Bureau responds primarily to citizen's complaints.

Another factor adversely affecting attainment of program goals and objectives was inadequate staffing, resulting in an inability to respond to all complaints and forcing the Bureau to prioritize. This means that some complaints, although legitimate, were never acted upon, having been accorded a low priority. The Multiple Dwelling Inspection Squad alone, sustained a forty percent (40%) reduction of personnel during F.Y. 1979. This was in addition to the fifty (50) Code Enforcement Inspectors lost in early January, 1979. Inexperience and a lack of training on the part of some personnel further served to hamper achievement.

On a positive note, a central filing system has been developed whereby every building inspected has a separate file encompassing a history of all violations cited. Of 27,833 violations detected out of 11,116 dwellings inspected, the Bureau was successful in obtaining abatements of 13,289 violations. Numerous other violations incorporated within 860 dwellings were referred for legal action. Of the 860 dwellings referred for legal action, 437 were disposed of with fines, resulting in a total of \$52,585.00 in fines during F.Y. 1979.

### URBAN RODENT CONTROL PROJECT

The Urban Rodent Control Project is funded under Legislative Authority of the Public Service Act, Section 317 (42 USC 2476) as amended by the Health Services Amendments of 1978; Public Law 95-626.

The purpose of the Project is to provide preventive public health services in the programmatic areas of; community motivation and health education, premises surveys, supplemental rat-killing and coordination of block cleanups and code enforcement.

Project per grant-in-aid contract conducts the above activities in a 220 block target area. Project responds to area wide rat complaints on a limited basis via special C.E.T.A. supported project.

#### 1979 Rodent Control Project Accomplishments

<u>Type Services</u>	<u>Service Units</u>
Health Education Household Visits	1,332
Code Enforcement Inspections	324
Code Enforcement Violations Cited	213
Code Enforcement Abatements	29
Rodenticide Application	1,964
Premises Survey Visits	9,906
Tons Bulk Harborage Removed	163*
Rat Complaints(Target Area)	259
Rat Complaints(Outside Target Area)	652
Rat Complaints Received(City Wide)	911
Rat Complaints Followed-up(City Wide)	728
Rat Bites Investigated(City Wide)	23
Environmental Education Sessions(Schools)	7
Environmental Education Sessions Community Organizations	6

\*Cleanups coordinated with the Division of Sanitation regular operations and special programs

### DOG CONTROL

The Bureau of Dog Control is located at City Hall. It is operating with three ambulances and five men. However, it is anticipated that three more men will be hired and two additional ambulances will be acquired. The primary function of this unit is to pick-up stray dogs and to issue licenses.

Every three years dog owners that have licenses for their dogs may obtain from Dog Control a certificate for a free rabies vaccination, to be used at a participating Veterinarian.

#### Summary of 1979 Activities

##### Licenses Issues.

Dog Licenses	6,330
Pet Shop Licenses	2
Kennel Licenses	2
Animals Picked-up:	
Live Dogs	3,319
Live Cats	845

#### PLUMBING BUREAU

The major function of the Plumbing Bureau in 1979, as in preceding years, was the inspection of all newly constructed buildings and to respond to plumbing related complaints. In addition to the major function, the Bureau approved plumbing plans for new construction; issued permits; tested installations; performed water and smoke test for compliance with applicable regulations.

Due to a shortage of manpower the Bureau was not able to investigate all of the Plumbing complaints that were received. Consequently a system was established to determine what was considered to be emergency complaints, all of which were investigated.

In 1979, the Plumbing Bureau was part of a reorganization plan that entailed administrative changes only. The function of the Bureau was not effected.

The Bureau now reports to the Department of Engineering as opposed to the Division of Inspections.

#### BUREAU OF BUILDINGS

This Bureau makes inspections of buildings, elevators, taverns, dance halls and real estate to ensure compliance with the New Jersey Uniform Construction Code and Municipal Ordinances.

In addition to making inspections the Bureau is responsible for reviewing construction plans for new structures, alteration and additions to buildings, and the issuance of building permits.

The Bureau of Buildings no longer functions administratively under the Division of Inspections. This Bureau is now the responsibility of the Department of Engineering.

#### ELECTRICAL BUREAU

The Electrical Bureau is responsible for inspecting all construction; food and milk vending machines; dance halls and theatres and real estate properties sold via Housing Urban Development and/or the Veteran's Administration.

These inspections are made to ensure compliance with the City's Ordinance; the Uniform Construction Code and the National Electrical Code.

Other tasks performed in 1979 include the issuance of Electrical Permits; approval or denial of Certificates and Journeymen Licenses.

Until recently the Electrical Bureau was a unit within the Division of Inspections. However, as a result of a reorganization plan, that took effect during the latter part of 1979; the Bureau no longer functions administratively under the Division of Inspections; but under the Department of Engineering.

The major functions of the Bureau was not affected by the reorganization.

## DIVISION OF PUBLIC WELFARE

The Division of Public Welfare is responsible for the administration of the General Assistance Program in the City of Newark. The General Assistance Program provides financial assistance and related services to all needy, eligible persons residing in the City, and who are ineligible for any categorical assistance programs (Aid to Families with Dependent Children, Aid to Working Poor, Supplemental Security Income, etc.).

Types of assistance include monthly maintenance, municipal worksites, health needs, travel expenses for health care, funeral expenses and emergency needs as a result of fire, theft, etc.

The Division handles approximately 7,920 cases, of which 65% are employable and 35% are unemployable.

In 1979 there were changes in service regulations for General Assistance recipients. These include;

1. A new bill that allows the Director of Welfare to establish municipal worksites for the employable clients registered in the General Assistance Employability Program (Workfare Program),
2. A new General Assistance regulation which prohibits Public Welfare to provide continued financial assistance to those clients who are in non-compliance with G.A.E.P. and have requested a Fair Hearing.

## General Assistance Medical Services

### A. Other Medical Expenses

1/79 - 12/79                      Total    \$315,473.82

#### 1. Dental Services

20% of our clients had a need for dental services.

#### 2. Nursing Homes

We are receiving approximately 20 cases which are in need of nursing home services at an average of approximately \$400.00 a month.

#### 3. Medical Transportation Costs

- a. Approximately 12% of our clients received transportation money to attend the methadone clinics on a monthly basis.
- b. Approximately 8% of our clients received medical transportation to other medical clinics.

#### 4. Other Medical Costs

- a. Approximately 4% of our clients receive visiting nurse services when it has been determined by a physician that the client cannot provide adequate care for himself/herself, and there are no relatives to assist the client.
- b. Approximately 2% of our clients received physical restorative services once authorization had been received from the State Division of Public Welfare.

DIVISION OF PUBLIC WELFARE

General Assistance Medical Services, Cont'd.

- c. Approximately 3% of our clients needed colostomy bags to survive. These items are not available at the City Dispensary and, depending upon the number of items the client needs, this cost can average about \$42.00 a month per client.
- d. Approximately 1% of the clients who have speech and hearing impairment received consultation services in order to have them undergo recertification on a monthly basis.
- e. Approximately 25% of our clients are provided with prosthetics and orthopedic devices.
- f. Emergency room visits, at a rate of \$35.00 per visit, comprised approximately 25% of the total cost under our "Other Medical Expenses" category.

B. Private Hospitals (other than College of Medicine & Dentistry of New Jersey)

1/79 - 12/79                      Total    \$174,120.02

Approximately 5% of our hospital costs are for private in-patient care for our active clients.

C. Miscellaneous

1/79 - 12/79                      Total    \$162,253.34

- 1. A portion of these costs were incurred for burial of indigent persons and Welfare clients.
- 2. Another part of this cost was incurred through processing the reimbursements for clients found eligible for S.S.I.

D. New Jersey College of Medicine & Dentistry  
In-Patient Hospital Care

1/79 - 12/79                      Total    \$6,341,502.67

E. Medical Evaluation Clinic

Municipal clinic that aids the Agency in determining clients with a disability.

Number of appointments made                      1,797  
Number of appointments kept                      1,091

It should be mentioned that the utilization of this clinic and its efficiency has an improvement rate of approximately 85%.

Thirty percent of the clients serviced by the Medical Evaluation Clinic have been determined disabled for one year and longer, which has increased our referral of disability cases for Supplemental Security Income.

General Assistance Special Services Unit

A. Transient Transportation

1/79 - 12/79                      Total    \$ 1,052.43

- 1. If a person is stranded in Newark, D.P.W. is required to provide transportation and food costs for the client to return to his/her place of residence, providing that person meets the eligibility requirements established in the General Assistance Manual of Regulations.

B. General Assistance Employment Program

The Division of Welfare's role in the G.A.E.P. Program is that of referral of our clients to the em-

DIVISION OF PUBLIC WELFARE

B. General Assistance Employment Program, Cont'd.

employment service for assignment to a public work-site.

State law has designated the Department of Labor and Industry, Division of Employment Services, as the Agency responsible for administering and operating the G.A.E.P. Program. The G.A.E.P. referral process in itself, encompasses a great deal of interaction between the Division of Public Welfare and Employment Service.

1. Total number of persons referred to G.A.E.P.  
1/79 - 12/79                      4,996
2. Total number of persons registered with G.A.E.P.  
as of 12/79                      4,108
3. Total number of persons denied training by G.A.E.P.  
(due to lack of marketable skills or attending college)  
1/79    12/79                      1,439
4. Total number of persons who have been assigned to  
municipal worksites.  
1/79 - 12/79                      1,439
5. Total number of persons who are actively participating in municipal worksites - 526
6. Total number of cases closed for non-compliance with G.A.E.P. regulations - 901

C. Quality Control Services

A task force of caseworkers are, in addition to their regular tasks, attempting to concentrate on Quality Control procedural errors, as reported by the State. We have also completed random reviews of at least two caseloads in each district. In addition, we have devised a schedule to insure that the State procedures are complied with by the Agency staff in order to reduce the error rate.

General Assistance Domestic Relations Unit

Our Domestic Relations Unit is responsible for representing the Agency on fraud cases and processing any alleged fraud cases through the court systems. This Unit processes paternity cases, contempt and fraud cases, non-support cases, and other miscellaneous services.

The following statistical information pertains to the total number of cases serviced, and the total amount of relief refunds we have received for the year 1979:

<u>Total # of Cases</u>	<u>Relief Refunds</u>	<u>Explanation</u>
575	\$ 36,990.00	Other than S.S.I.
77	9,293.87	S.S.I.-through cashier
190	225,225.92	S.S.I.-through State transmittal

DIVISION OF PUBLIC WELFARE

Hospital Unit

A. Drug Rehabilitation Services

There are three residential drug facilities in Newark being serviced by our agency; Integrity, CURA, and Renaissance. Clients living in these treatment facilities have been placed there by court order or by the Probation or Parole Departments. These clients are being serviced and rehabilitated for their medical addiction to alcohol or drugs.

Presently we have 41 active cases in this service area.

B. Supplemental Security Income - S.S.I. Cases

D.P.W. acts as a liaison between the Social Security Administration in servicing clients who are disabled, elderly, and blind until such time that S.S.I. determines them eligible for their program.

Presently we are servicing 181 cases pending S.S.I. - 27 of these cases are being reconsidered under the Social Security Administrations regulations. 154 are pending a determination from S.S.I.

C. Essex County Welfare Board (E.C.W.B.)

Furnishes aid to expectant mothers who appear eligible for General Assistance.

D. Aid to Families of the Working Poor (A.F.W.P.)

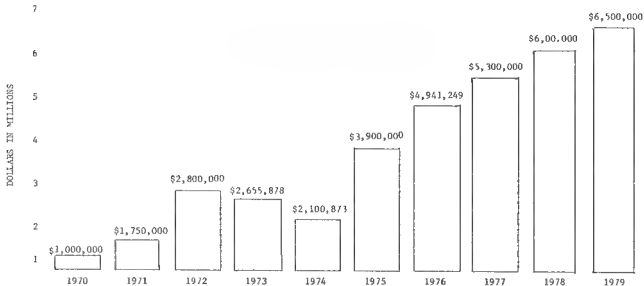
Supplies aid to legally married couples awaiting the birth of their first child, who are eligible for General Assistance.

Intake Unit

During 1979 our Intake Unit processed 10,281 applications. 5,791 applications were accepted to be investigated for eligibility, and 4,494 were rejected due to ineligibility with General Assistance requirements.

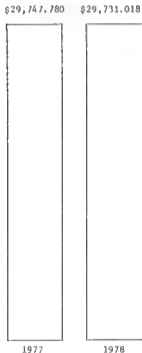
DIVISION OF PUBLIC WELFARE-ASSISTANCE APPROPRIATIONS

1970-1979 SUMMARY

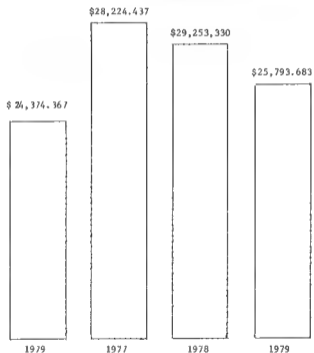


GENERAL ASSISTANCE

RECEIPTS



DISBURSEMENTS



(DOLLARS IN THOUSANDS)

# GENERAL ASSISTANCE

	<u>RECEIPTS</u>	<u>DISBURSEMENTS</u>
1977	\$ 29,747,780.00	\$ 28,224,437.00
1978	29,731,018.00	29,253,330.00
1979	24,374,367.00	25,793,683.00

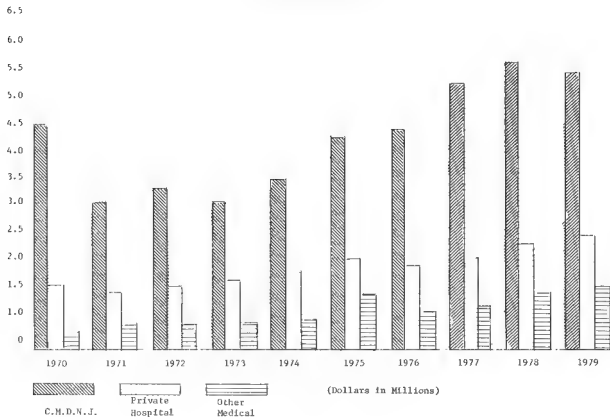
## HEALTH CARE

	<u>N.J. COLLEGE OF MEDICINE</u>	<u>PRIVATE HOSPITALS</u>	<u>OTHER MEDICAL</u>
1970	\$ 4,933,336.00	\$ 443,087.16	\$ 7,894.94
1971	2,612,784.40	258,237.44	11,480.20
1972	3,545,063.80	423,048.05	13,319.78
1973	2,928,746.40	491,348.02	21,336.12
1974	3,089,478.70	614,969.20	33,529.59
1975	4,371,581.60	1,156,113.75	69,811.32
1976	4,527,659.84	974,666.81	54,796.86
1977	6,036,519.64	1,246,441.09	58,518.02
1978	6,416,845.07	1,615,420.38	106,760.13
1979	6,341,502.67	1,863,078.61	191,039.77
TOTAL	\$44,803,518.12	\$ 9,086,410.51	\$ 568,486.73

## RECAPITULATION

N.J. COLLEGE OF MEDICINE	\$ 44,803,518.12
PRIVATE HOSPITALS	9,086,410.51
OTHER MEDICAL	568,486.73
GRAND TOTAL	\$ 54,458,415.36

DIVISION OF PUBLIC WELFARE  
HEALTH CARE EXPENDITURES



#### WIC SUPPLEMENTAL FOOD PROGRAM

The Special Supplemental Food Program for Women, Infants and Children (WIC), is a federally funded health and nutrition program. The primary goal of this program is to improve and/or prevent medical and nutritionally related health problems through the provision of specific supplemental foods and nutrition education.

The Newark WIC Program is the largest in the State, with an approved caseload of 7,000 participants on a monthly basis. WIC services are provided at eight (8) health centers and Child Health Conferences, located within the City.

The major objectives of the Program during 1979 were: (1) To service at least 7,000 participants on a monthly basis; (2) To provide nutrition counseling to all participants at least twice during each certification period; (3) To encourage participants to utilize health services offered by the health facilities; (4) To make the program more accessible to eligible Newark residents and (5) to successfully convert to the new Statewide Uniform Delivery System.

Fluctuations in program participation were noted throughout the year. This was attributed to the lengthy process of converting all participant files to a computerized system. Concomitantly, the program was faced with a personnel shortage which severely hampered its ability to convert to the computerized system and maintain a caseload of 7,000 participants. However, during the latter months of the year, participation closely approximated the approved caseload.

An increased number of pregnant teenagers were noted in the increased participation. This group, which is faced with a myriad of problems, one of which is poor dietary

habits, requires extensive nutrition counseling. Unfortunately, the program did not have a nutritionist on staff for most of the year. Additional staff with expertise in the area of nutrition, will be sought during the next year.

In an effort to make program benefits more accessible to participants, program personnel actively sought to add new vendors and health facilities as participating agencies. Two (2) new vendors and three (3) additional health facilities, within the City, will be providing WIC services to participants in 1980.

Despite all the adverse conditions that confronted the WIC Program, several accomplishments were noted. The Statewide Uniform Delivery System (computerized system) has been fully implemented, and participation has been steadily increasing. A significant number of personnel vacancies were filled. Additionally, nine (9) staff members were provided through a Special Project funded by CETA. The impending expansion of WIC services to incorporate new vendors and health facilities is also the result of activities conducted in 1979.

### NEWARK NUTRITION PROJECT FOR THE ELDERLY

Description of Program or Service: The Newark Nutrition Project for the Elderly provides hot, nutritious meals and eight (8) Supportive Services to senior citizens who are sixty (60) years of age and older (and their spouses regardless of age) who reside in the City of Newark.

- Goal # 1: To provide hot nutritious meals which assure a minimum of one-third of the daily recommended dietary allowances (RDA) to Newark's eligible elderly (aged 60 and over and their spouses) at State approved nutrition sites.
- Goal # 2: To provide eight (8) essential Supportive Services to all eligible participants at all the nutrition sites.

The meal service and Supportive Services for 1979 improved over those provided in 1978 except for Nutrition Education. The Nutritionist, whose responsibility is to provide Nutrition Education at the sites, resigned in February of 1979. Personnel vacancies were not filled in an expeditious manner thus forcing some sites and the central office to operate without full staff.

The project was not able to hire a full-time Nutritionist after the last one resigned because the 1979 operating budget was not approved by the State/City until November, 1979. It is obvious that there was no time between November and December, 1979 (the end of the project year) to recruit, interview and process paperwork for hire.

The seventeenth site did not open in May, 1979, for the same reason as stated above. This meant that seventy-five (75) meals per day for 126 days could not be served to eligible senior citizens in the Upper Clinton Hill

area of the City.

Better services were not available at some of the nutrition sites due to a lack of personnel i.e. Food Service Workers, Drivers. Lack of Central Office personnel hindered the expansion of services project wide.

Significant Accomplishments: A total number of 305,299 meals were served in 1979 as compared to 252,075 meals served in 1978. This was a 17.4% increase or 53,244 more meals served. Meals at the congregate sites totalled 277,562; home delivered meals equalled 27,737. Also, 747 new participants registered with the project in 1979.

Supportive Services were integral and essential to the project participants in 1979 as indicated in the following categories/service units.

<u>Service</u>	<u>Service Units *</u>
Transportation	24,600 (round trips)
Recreation	128,000
Shopping	10,584
Information/Referral	3,276
Health and Welfare	
Counseling/Screening	18,535
Outreach	5,420
Escorts	3,429
Nutrition Education	15 Sessions

\* A Service Unit indicates a service provided to a senior citizen participant, it could denote several services provided to the same senior citizen. A Service Unit does not indicate the number of different senior citizens receiving services.

#### NON-MEDICAL DETOXIFICATION PROGRAM

A detailed review of literature indicated that alcoholism is a major, but often ignored national health problem. This problem is particularly prevalent in Newark where urban environmental, social and economic problems contribute to its intensity.

The National Council on Alcoholism conducted a study in 1973 which revealed that an estimated 5% of the national adult population are alcoholics. If this formula were applied to Newark, there would be an estimated 20,000 alcoholics in the City.

In 1977 Mayor Gibson appointed individuals, representing both the public and private sector, to assess the alcoholism problem in Newark. The results of this Task Force lead to the establishment of a Non-Medical Detoxification Center.

The Non Medical Detoxification program was established to meet the needs of the alcoholic. It offers short term, residential care and service for the reception and observation of intoxicated persons; detoxification of intoxicated persons; counseling to motivate further treatment and referral of detoxified persons to appropriate treatment programs for continued care.

The Non-Medical Detoxification program was scheduled to receive clients in 1979, however, due to various code violations, the program was not able to provide services.

#### Status of the Non-Medical Detoxification Program

The program has abated the violations that were cited. The certificate of need procedure, which is required before opening, began, resulting in approval of the program. It is anticipated that the Non-Medical Detoxification Program will begin accepting clients in 1980.

#### MULTIPHASIC METHADONE MAINTENANCE/DETOXIFICATION PROGRAM

The Multiphasic Methadone Program became operational in August 1976. Since its inception, this program has attempted to aid its clients in eliminating illicit drug usage and to divorce themselves from the drug abusing lifestyle, and in its place adopt one which is productive and self-fulfilling.

The facility has two components, Methadone Maintenance/ Detoxification. Persons who are admitted to the Maintenance component must be 18 years of age, have a confirmed documentation of current usage of opiate drugs and have no physical, mental or behavioral problem, which contraindicate out-patient Methadone Maintenance treatment. The same admission criteria holds true for the Detox unit with the exception of the two year documentation of addiction.

This program offers a wide range of services to its patient population; a) individual counseling, b) urinalysis, c) physical and laboratory examinations. Additional supportive services are available by referral to public assistance, vocational rehabilitation, community mental health as well as the intermediate medical care facilities, and the Veterans Administration.

The Multiphasic Methadone Maintenance and Detoxification Program has accomplished a great deal over the past year. The program has done much to deter illicit drug use through the adoption by its client population of a productive and self-filling lifestyle. This was achieved through individual counseling sessions by a supportive counseling staff.

The program has continued to provide many services to its patients while acting as a catalyst for growth for its staff, both professionals and para-professionals. We have filled all but one of the staff vacancies and have secured a Medical Director who also acts as a mental health professional.

In addition to the above mentioned accomplishments, for the first time in "two years" the Multiphasic Methadone Maintenance/ Detoxification Treatment program has met and operated above matrix.

#### CHILD CARE NETWORK

The Child Care Network is the umbrella agency with direct administrative responsibility for the City's day care centers, satellite family day care, and child care advocacy. Consultation is provided to those centers who do not receive Title XX funding.

Major accomplishments in 1978 include: expanding child care services by involving the private sector in the establishment of two child care centers, coordinating with Wilfred Academy a work-study program, placing students throughout the Department of Health and Welfare and the city funded centers; providing a wide variety of training and educational programs to meet the needs of the various centers and the population they serve; and developing a job referral system which responds to family needs. To date, the Child Care Network has been instrumental in placing parents in positive day care employment.

#### RETIRED SENIOR VOLUNTEER PROGRAM

The Retired Senior Volunteer Program (R.S.V.P.) provides opportunities to senior citizens to participate in a range of volunteer activities. The seniors provide useful volunteer services to various non-profit agencies and thus participate in the mainstream of community affairs. Program funds are provided through ACTION under Older American Volunteer Program.

GRANTS - IN - AID

GRANT PROGRAM	FUNDING AGENCY	CONTRACT PERIOD	TOTAL AMOUNT RECEIVED	
			FEDERAL	STATE
NUTRITION PROGRAM FOR THE ELDERLY	N.J. STATE DEPARTMENT OF COMMUNITY AFFAIRS	1/1/79-12/31/79	-0-	672,718.00
LEAD POISONING PROGRAM	U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE	1/1/79-6/30/79 5/1/79-12/31/79	62,500.00 288,276.00	-0- -0-
URBAN RIGENT CONTROL PROGRAM	N.J. STATE DEPARTMENT OF HEALTH DIV. OF COMMUNITY HEALTH SERVICES	6/1/78-5/31/79 6/1/79-11/30/79	-0- -0-	206,305.00 102,815.00
CHILD CARE NETWORK	N.J. STATE DEPARTMENT OF INSTITUTIONS & AGENCIES	6/1/78-5/31/79 6/1/79-5/31/80	248,881.96 -0-	-0- -0-
MULTIPLE DWELLINGS	N.J. STATE DEPARTMENT OF COMMUNITY AFFAIRS	7/1/78-6/30/79	-0-	110,000.00
BLOOD PRESSURE SCREENING PROGRAM	N.J. STATE DEPARTMENT OF HEALTH	12/21/78-12/31/79	-0-	20,000.00
WOMEN, INFANTS & CHILDREN SUPPLEMENTAL FEEDING PROGRAM	N.J. STATE DEPARTMENT OF HEALTH	10/1/79-9/30/79	-0-	1,663,200.00
WINTER FOOD PROGRAM	DEPARTMENT OF EDUCATION	1979	-0-	326,360.00
SUMMER FOOD PROGRAM	DEPARTMENT OF EDUCATION	1979	-0-	1,106,076.00
RETIRED SENIOR VOLUNTEER PROGRAM	ACTION	9/30/78-9/29/79	76,277.00	-0-
HEALTH PLANNING	NATIONAL HEALTH PLANNING COUNCIL	7/1/78-6/30/79	25,000.00	-0-
HEALTH PRIORITY FUNDING	N.J. STATE DEPARTMENT OF HEALTH	7/1/78-6/30/79 7/1/79-6/30/80	-0- -0-	215,281.00 195,100.00
SOCIAL SETTING-ALCOHOLISM	N.J. STATE DEPARTMENT OF HEALTH	6/25/75-6/30/80	-0-	58,862.00
REDOXIFICATION PROGRAM	DIVISION OF ALCOHOLISM	2/1/79-1/31/80	-0-	69,552.00

GRANTS - IN - AID

GRANT PROGRAM	FUNDING AGENCY	CONTRACT PERIOD	TOTAL AMOUNT RECEIVED	
			FEDERAL	STATE
CHEST CLINIC	N.J. STATE DEPARTMENT OF HEALTH	7/1/78-6/30/79	-0-	22,170.37
MULTIPHASIC DRUG TREATMENT PROGRAM	N.J. STATE DEPARTMENT OF HEALTH	6/25/78-6/24/79 6/25/79-6/24/80	305,250.00 285,180.00	61,050.00 37,036.00
NEWARK EMERGENCY SERVICES FOR FAMILIES	CITY OF NEWARK	3/1/78-2/28/79 3/1/79-4/30/80	-0- -0-	-0- -0-
NATIONAL HEALTH SERVICE CORPS (PHYSICIANS) 2-Dayton Community Health Center 2-North Newark Community Health Center	DEPARTMENT OF HEALTH, EDUCATION & WELFARE	7/1/78-6/30/80 4/1/78-3/31/80	Four full-time physicians assigned to City-operated health centers	

